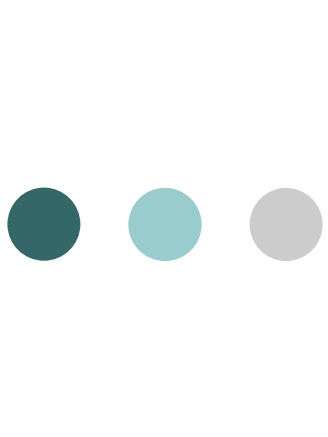
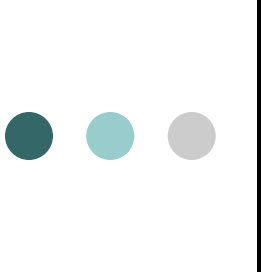


# **Strategic Prevention Framework State Incentive Grant**

**SPF SIG**



What is the SPF  
SIG?



## SAMSHA, Center for Substance Abuse Prevention, funding to implement SAMHSA's Strategic Prevention Framework

in order to:

- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking,
- reduce substance abuse-related problems in communities, and
- build prevention capacity and infrastructure at the State and community levels.



The applicant for this grant was the Governor's Office, and the project is to be administered by the Office of Substance Abuse

Grant amount = \$2.36 million per year for 5 years.

85% of the funding is for work at the community level and 15% is for state administration, including hiring an epidemiologist and developing a strategic plan

This includes funding for both infrastructure development (primarily years 1 and 2) and programming (primarily years 3-5)



# Purpose

To create and support a statewide prevention/health promotion infrastructure that will:

- Ensure that every community in Maine has the opportunity to participate in a comprehensive needs, resources, and readiness assessment, and develop a cross-disciplinary prevention plan grounded in the SPF [5 steps](#) and [6 principles](#)
- Cultivate a skilled prevention workforce across the whole state, with both core competencies and relevant specialty training
- Engage all stakeholders in developing, implementing and evaluating the prevention plan
- Implement evidence-based and culturally competent prevention programs, policies, and practices based on epidemiological analysis/needs assessment
- Evaluate results and communicate them to policymakers and the public
- Efficiently manage multiple streams of prevention funding in order to achieve the targeted outcomes linked to each funding source, and maintain accountability for both fiscal and programmatic expectations and for addressing the needs prioritized by the community
- Develop long-term sustainability



# Goals

- Reduce substance abuse {[Objectives](#)}
- Reduce risk factors with demonstrated link to substance abuse and related problems
- Increase assets and protective factors with demonstrated link to the reduction of substance abuse and related problems



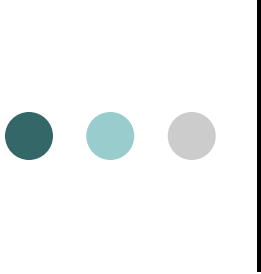
# Governance Structure

- Advisory Council:
  - Children's Cabinet
    - Includes: First Lady Karen Baldacci, Chair, DOE, DHHS, DPS, DOC, DOL, SPO, C4C&Y, IPSI
- Workgroups:
  - SHY Workgroup
    - Includes: CHP, C4C&Y, CSHP, HMP, JJ, MDEA, MCT, OSA, and TYAH
  - Epidemiology Workgroup



# Key Stakeholders





# State Partners responsible for prevention and health promotion:

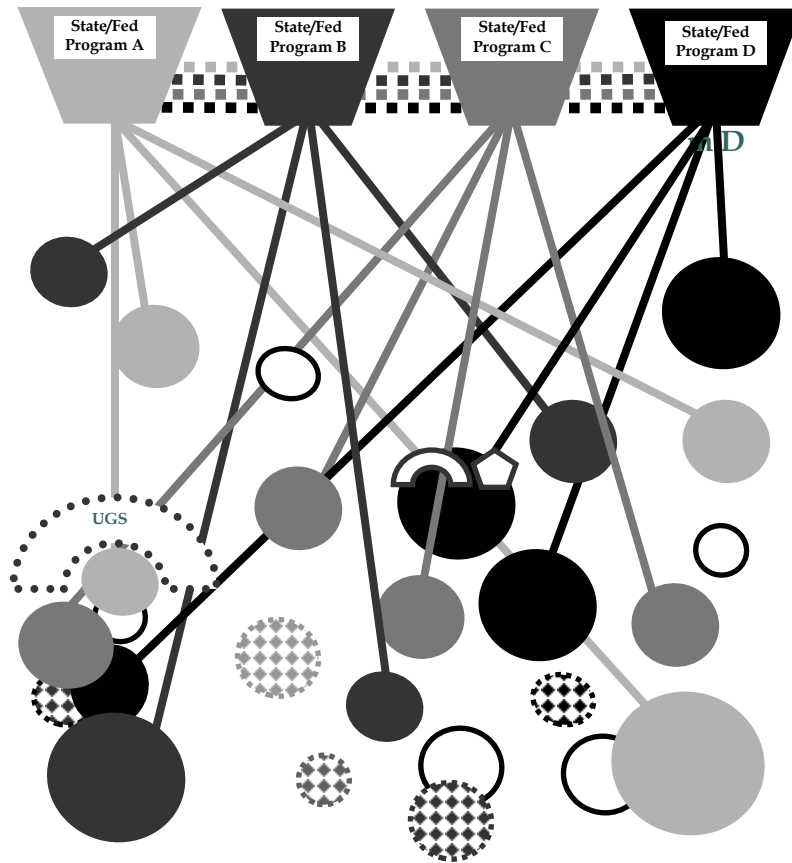
- Maine Office of Substance Abuse
- Maine National Guard
- Maine Higher Education Alcohol Prevention Partnership
- Bureau of Health
- Division of Children's Services
- Refugee and Immigrant Mental Health Collaborative
- Juvenile Corrections Services
- Maine Department of Education
- Maine Children's Trust
- Communities for Children & Youth



# Potential Stakeholders:

- Attorney General's Civil Rights Teams Project
- Bureau of Elder and Adult Services
- Maine Coalition to End Domestic Violence
- Maine Coalition against Sexual Assault
- United Way
- Bureau of Health's bioterrorism and emergency preparedness initiatives
- Others to be identified

# Existing Support System



## KEY

**Solid color** = established state/federal programs at state and local levels

**Trapezoid** = state level

**Circle** = local level

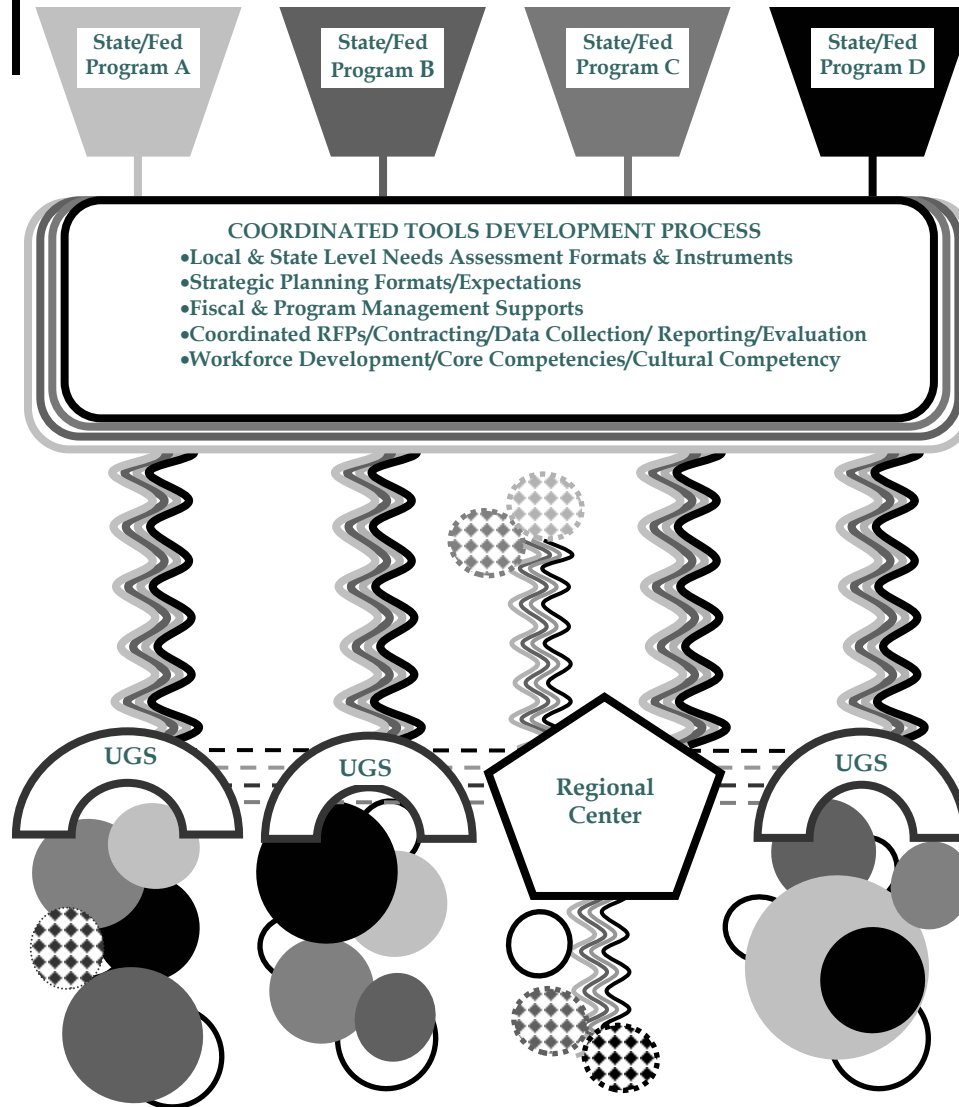
**Patterns** = programs that are organizing

**No color** = locally funded programs

**Arc shape** = Unified Governance Structure

**Pentagon** = Regional Center

# Proposed System for Supporting Local Prevention Programming

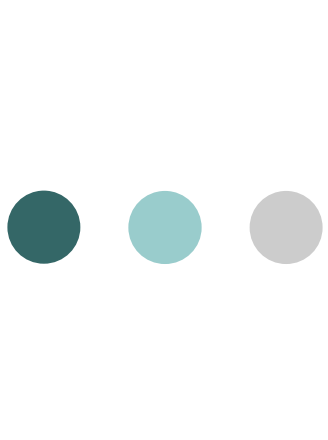




# What are UGS?

## Unified Governance Structure

- Sizable geographic areas (multiple towns or whole counties) that have begun to bring multiple coalitions/ agencies with overlapping goals together under a shared umbrella, developing shared functions across prevention disciplines, such as needs assessment, data collection/dissemination, strategic planning, fiscal/grants management, grant-writing.



# How will we get there?

The five  
steps...



# Step 1: Assess (State Level)

- Epidemiological Analysis, including GIS mapping of service provision, local infrastructure, and prevalence/risk/protective/assets data; identify underserved geographic areas and substance-abuse-related health disparities of specific sub-populations (Year 1, months 1-9 and ongoing)
- Assess prevention/health promotion infrastructure, and identify needs for regional infrastructure development (Year 1, months 1-9, and ongoing)



# Assess, Local Level

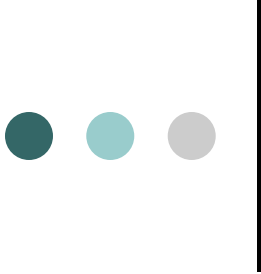
- Local one-time grants to develop 8 case studies of early “Unified Governance Structure” (UGS) prototypes to document their development process and structures, barriers, challenges, and lessons learned, and share their learnings with others (Year 1-2, months 4-21)
- Local one-time grants for needs/resources/readiness assessments  
(Year 1-2 months 10-20)





## Step 2: Mobilize

- Continued development of SHY Workgroup and related subcommittees (Ongoing, with intensive work in Year 1 months 1-12)
- Interconnection and coordination with other statewide programs and organizations with overlapping goals and objectives (Ongoing)
- Creation of Regional Prevention Centers to mobilize prevention efforts in underserved areas and to support ongoing prevention efforts in all communities (Year 1-2 months 7-24 and revised/ renewed Years 3-5)



## Step 3: Plan

### **Develop a comprehensive strategic plan that will include:**

- Developing common tools for local prevention grantees - (Intensive in Year 1, also ongoing)
- Local one-time planning grants to develop Unified Governance structures and strategic prevention plans (Year 2, months 13-20)

CSAP must approve the strategic plan before implementation can begin



## Step 4: Implement

Implementation must focus on  
**Substance Abuse Prevention** in  
areas of **proven greatest need** using  
**evidence-based** programming.

- Implement a coordinated state plan (Year 2, starting July 1 2006 through Year 5 and beyond)
- Local Implementation grants (as identified by epidemiological analysis) and Regional Prevention Centers (Year 3, starting July 1 2006 through Year 5 and beyond)



## Step 5: Evaluate

Hornby Zeller Associates will conduct state and local level evaluations.



# Eight UGS identified in Application

The Eight local partners represent a mix of geographic areas, sizes, rural/urban settings, and “coalitions of origin.”

- Farmington Healthy Communities Coalition
- Portland Public Health Department
- Greater Waterville Communities for Children & Youth
- Healthy Androscoggin County
- Healthy Hancock County
- Youth Promise of Lincoln County
- River Valley Healthy Communities Coalition
- Southern York Community Wellness Coalition



# Why is this sustainable?

It is more effective to build a shared prevention infrastructure than to continue to maintain separate overlapping infrastructures.



# Timeline in a nutshell

## **Year 1-2: infrastructure development**

- 1) Case studies of existing coalitions (UGS)
- 2) Assessment grants for communities
- 3) Assessment grants for needs of specific sub-populations
- 4) Planning grants for developing local strategic prevention plans
- 5) Regional Prevention Centers

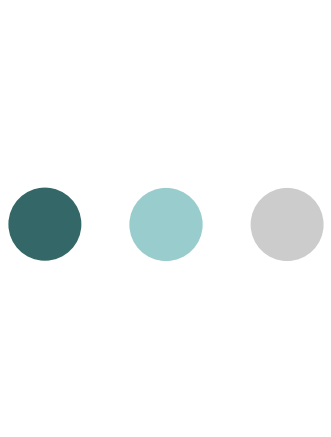


# Timeline in a nutshell

## **Year 3 -5 (est. 7/06): focus on evidence-based programming**

- Underage Drinking
- Use epidemiological work, high need identified





How can you help?



# Contact

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